Fill in th	is information to identify	your case:						
Debtor 1	Christophe	Christopher Shawn Friend			Check if this is:			
					An amended filing			
Debtor 2						wing postpetition chapter		
(Spouse,	, if filing)				13 expenses as of	the following date:		
United S	tates Bankruptcy Court for th	ne: EASTERN DISTRICT OF PENNS	SYLVANIA		MM / DD / YYYY			
Case nui	mber <b>21-12884-MDC</b>							
(If known	n)							
Offic	ial Form 106J							
	edule J: Your	Expenses				12/1		
Be as c	omplete and accurate a	as possible. If two married people ar needed, attach another sheet to this				or supplying correct		
Part 1:	Describe Your Hous this a joint case?	sehold						
_	No. Go to line 2.							
		e in a separate household?						
	☐ No ☐ Yes. Debtor 2 mi	ust file Official Form 106J-2, <i>Expense</i> s	s for Separate Household	of De	ebtor 2.			
2. <b>D</b> o	you have dependents?	? 🗆 No	,					
	not list Debtor 1 and	Yes. Fill out this information for	Dependent's relations	Dependent's relationship to		Does dependent		
De	ebtor 2.	each dependent	Debtor 1 or Debtor 2		Dependent's age	live with you?		
	not state the		Davahtan		40	□ No		
ae	pendents names.		Daughter		16	■ Yes □ No		
			Son		21	■ Yes		
			-			□ No		
			Daughter		24	Yes		
						□ No		
3. <b>D</b> o	vour expenses include	a				☐ Yes		
ex	penses of people other urself and your depend	than						
Part 2:	Estimate Your Ongo	oing Monthly Expenses						
Estimat expens	te your expenses as of	your bankruptcy filing date unless y bankruptcy is filed. If this is a supp	you are using this form plemental <i>Schedule J</i> , c	as a s	supplement in a Cha the box at the top o	opter 13 case to report f the form and fill in the		
••								
		n non-cash government assistance in Ind have included it on <i>Schedule I:</i> <b>)</b>						
(Officia	l Form 106l.)				Your exp	enses		
	e rental or home owner yments and any rent for t	rship expenses for your residence. In the ground or lot.	Include first mortgage	4.	\$	1,679.00		
lf r	not included in line 4:							
4a	. Real estate taxes			4a.	\$	0.00		
4b		r's, or renter's insurance		4b.	·	0.00		
4c.		repair, and upkeep expenses		4c.	\$	0.00		

Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

4d. \$

48.33

0.00

Christop	her Shawn Friend	Case numbe	r (if known)	21-12884-MDC	
ities:					
Electricity,	heat, natural gas	6a. \$		75.00	
Water, sev	wer, garbage collection	6b. \$		44.00	
Telephone	e, cell phone, Internet, satellite, and cable services	6c. \$		65.00	
Other. Spe	ecify:	6d. \$		0.00	
		7. \$		225.00	
		8. \$		0.00	
thing, laund	ry, and dry cleaning	9. \$		0.00	
•		10. \$		0.00	
-		11. \$		0.00	
nsportation.	Include gas, maintenance, bus or train fare.				
		12. \$		85.00	
ertainment,	clubs, recreation, newspapers, magazines, and books	13. \$		0.00	
aritable cont	ributions and religious donations	14. \$		0.00	
urance.					
		·		0.00	
. Health ins	urance	15b. \$		0.00	
<ul> <li>Vehicle ins</li> </ul>	surance	15c. \$	i	132.00	
<ol> <li>Other insu</li> </ol>	ırance. Specify:	15d. \$		0.00	
	clude taxes deducted from your pay or included in lines 4 or 20	•			
·		16. \$		0.00	
		•			
		·		0.00	
				0.00	
				0.00	
	•			0.00	
				0.00	
		00.7.			
	s you make to support others who do not live with you.			0.00	
	arty expenses not included in lines 4 or 5 of this form or on		r Incomo		
				0.00	
				0.00	
		·		0.00	
				0.00	
	ers association or condominium dues			0.00	
er: Specify:		21. +	· <b>Ъ</b>	0.00	
culate your i	monthly expenses				
. Add lines 4	through 21.		\$	2,353.33	
. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 10	6J-2	\$	,	
Add line 22	a and 22b. The result is your monthly expenses.		\$	2,353.33	
. ,	a and 225. The recard to your mentally expenses.		<u> </u>	2,333.33	
		+		4,190.33	
<ul> <li>Copy your</li> </ul>	monthly expenses from line 22c above.	23b	\$	2,353.33	
		220		1,837.00	
The result	is your monthly net income.	∠ას. ⊅		1,007.00	
VOII AYDOGE C	an increase or decrease in your expenses within the year of	itar vali fila this f	orm2		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because					
		,	,		
No.					
	Explain here:				
	ities:  Electricity, Water, see Telephone Other. Spe od and hous Idcare and of thing, laund sonal care p dical and de nsportation. not include continuance. not include in: Life insura Health insura Health insura Car payments C	ities:  Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other, Specify: Indiana de thildren's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include car payments. Include insurance not include car payments. Include insurance deducted from your pay or included in lines 4 or 20. I. Life insurance I. Life insurance I. Vehicle insurance I. Vehicle insurance I. Other insurance. Specify: Ites. Do not include taxes deducted from your pay or included in lines 4 or 20. I. Car payments for Vehicle 1 I. Car payments for Vehicle 1 I. Car payments for Vehicle 2 I. Other. Specify: I. Payments of alimony, maintenance, and support that you did not repulated from your pay on line 5, Schedule I, Your Income (Official Form 1) I. Other. Specify: I. Payments of alimony, maintenance, and support that you did not repulated from your pay on line 5, Schedule I, Your Income (Official Form 1) I. Real estate taxes I. Property expenses not included in lines 4 or 5 of this form or on. I. Mortgages on other property I. Real estate taxes I. Property, homeowner's, or renter's insurance I. Maintenance, repair, and upkeep expenses I. Add lines 4 through 21. I. Copy line 22 (monthly expenses I. Add lines 22 and 22b. The result is your monthly expenses. I. Add line 22a and 22b. The result is your monthly expenses. I. Copy line 12 (your combined monthly income) from Schedule I. I. Copy line 12 (your combined monthly income) from Schedule I. I. Copy line 12 (your combined monthly income) from Schedule I. I. Copy line 12 (your combined monthly income) from Schedule I. I. Copy line 12 (your combined monthly income) from Schedule I. I. Copy line 12 (your combined monthly income) from Schedule I. I. Co	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: da and housekeeping supplies (dacare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses snaportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. Inclined einsurance deducted from your pay or included in lines 4 or 20. Life insurance Inclined einsurance Health insurance Health insur	ities:  Electricity, heat, natural gas  Water, sewer, garbage collection  Telephone, cell phone, Internet, satellite, and cable services  Cother. Specify:  do and housekeeping supplies  7. \$  Idear and children's education costs  thing, laundry, and dry cleaning  9. \$  sonal care products and services  10. \$  dical and dental expenses  11. \$  nsportation. Include gas, maintenance, bus or train fare.  not include car payments.  retainment, clubs, recreation, newspapers, magazines, and books  aritable contributions and religious donations  14. \$  urance.  15. \$  Health insurance deducted from your pay or included in lines 4 or 20.  15. \$  15. \$  15. \$  15. \$  16. Shelie insurance  15. \$  16. \$  17. \$  18. \$  18. \$  19. \$  19. \$  19. \$  19. \$  19. \$  19. \$  19. \$  19. \$  19. \$  19. \$  10. \$  11. \$  11. \$  11. \$  11. \$  11. \$  12. \$  12. \$  13. \$  14. \$  14. \$  15. \$  15. \$  16. \$  17. \$  18. \$  18. \$  19. \$	